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THE UNIVERSITY OF TEXAS - MEDICAL BRANCH
Galveston

May 18, 1956

Robert C. Hockett, Associate Scientific Director
Tobacco Industry Research Committee
150 East Forty Second Street
New York 17, New York

Dear Dr. Hockett:

Thank you very much for your letter of May 9 informing me of the decision of the Committee to renew my appropriation for the coming year.

I am sorry about the paper, "Carcinogenesis in the White Pekin Duck." Medical News wanted a copy before it was presented at the M.D. Anderson Symposium; in our haste to get the paper off, we apparently crossed up on the addresses. I am glad that you finally got a copy.

In view of your questions about the overall problem of cancer of the lung, I will take this opportunity to state to you some of my opinions referable to this problem. In the first place I certainly agree with you that little can be learned concerning the etiology of lung cancer from experimental studies such as painting the skin of mice, etc. I think the important fact the experimental observations will show is that different tissues react differently to the same carcinogenic agent. Experimental studies with carcinogens, as far as I am concerned, may help to establish the basic mechanism of cancer and serve as a basis for observations on possible therapeutic agents - the latter will be merely a screening procedure.

I feel that experimental observations on metaplasia in the trachea of the duck may show us that metaplasia is not necessarily followed by neoplasia. Again, this principle may not hold true in man. However, from a review of the literature and from the material which I have studied, it seems to be definitely established that metaplasia may frequently occur in the respiratory tract of man without any evidence of neoplasia. I think it would be well worthwhile to establish, both in man and in experimental animals, the relationship of metaplasia to neoplasia. I feel that our studies on the trachea of the duck will be helpful along this line. I may say that at this time we have a good bit of information regarding these changes in the trachea. We have not observed anything that we would interpret as a malignant process.

With regard to a positive approach to this problem of lung cancer in man, I likewise find it difficult to devise any experiment that would throw light on the problem. Of course, I am of the firm belief that we have insufficient data to warrant the fact that cancer of the lung is actually increasing. I know that we have statistics that would suggest that this is occurring, but I find it very difficult to accept the cases on which the statistics are based. Personally,

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I feel that one of the major problems would be to establish whether or not cancer of the lung is actually increasing. If it is not increasing, we do not have a basic problem with regard to any etiologic agent, especially a product of tobacco. I have expressed this opinion previously and was interested in observing that some man from Baltimore published an article in the North Carolina State Medical Journal this month emphasizing this problem of the frequency of cancer of the lung. As you well know, there are many observations that question the actual increase of cancer of the lung. It is because of this belief that we have been so interested in compiling data referable to the frequency of cancer of the lung 25 to 50 years ago. At that early date there are many references to indicate that cancer of the lung was on the increase. The present attitude referable to the frequency of cancer of the lung, therefore, is now new. I personally feel that a review of previous work along this line would be profitable.

Certainly the clinical data on which the diagnosis of cancer of the lung was made 25 to 30 years ago must be looked upon today as inadequate. No doubt there were many more cases than were recorded. If this is true, the increase that is alleged to have occurred today is not a true increase. I know no way to establish this particular point.

I have been thinking of compiling the data on the frequency of tuberculosis and cancer of the lung in the same individual. This would emphasize that probably there were cases considered as tuberculosis that really could have been tuberculosis plus cancer of the lung. It seems to me that this back door approach to the problem might emphasize that probably the increase that we see today is not real.

Gilliam, at the National Institutes of Health, has made some statistical observations along this line. I believe he has stated that cancer of the lung increased from 1914 to 1930 but has not increased since then. This observation would support the idea that we are not seeing a real increase in frequency today. In this connection I was very much interested in a talk that Dr. Emma Moss, from Charity Hospital in New Orleans, recently made at the Texas Medical Association Convention. It is her opinion that cancer of the lung has not increased in New Orleans during the past seven years. This emphasizes the necessity of critically evaluating the bases for Dr. Ochsner's statements. It has been suggested that many of Dr. Ochsner's patients come from out of the city and probably some from out of the state. This naturally would cause him to see an increased number of cases. We have experienced the same situation here in Galveston. Our clinicians are impressed by the large number of cases of cancer of the lung they have been seeing. However, when we reviewed the county of origin of a group of these cases, we found that they were coming into this clinic from all over Texas. I certainly could not conclude that there was an actual increase in the number of cases of lung cancer merely because we are seeing more here in this institution. This situation is one that we were anxious to study during the coming year because we felt that it would help support an opinion as to whether cancer of the lung is actually increasing or whether it is only apparently on the increase.

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You can see from the above why I cannot get too enthused about any specific agent being responsible for cancer of the lung - I don't care whether it is smog or cigarette tars. A recent study that we made emphasized that cancer of the lung was on the increase in Texas where we do not have smog. I don't see how we can attribute the increase in California to the smog. We cannot agree with the opinion that cigarettes are causing this increase, based upon our recent study of the frequency of smoking and the observations now underway in which we are correlating different disease processes with the amount the patient stated that he smoked. As you may recall from our recent publication in the Journal of the National Cancer Institute, one pack of cigarettes a day is the average amount consumed by a smoker. Our observations so far with regard to disease processes show that many people that smoke have accidents, a high percentage have acute appendicitis, and we are very impressed by the correlation between smoking and benign tumors which occur in varying places of the human body. Personally, I don't think it sound to select two diseases, cancer of the lung and coronary occlusion, for a study referable to smoking. I think the data should include many other disease processes and this is what we are doing. I believe we will be able to publish this data in the near future although we do not have money to carry this on after July 1.

These approaches that I have mentioned are indirect; however, I do feel very strongly that they could contribute valuable information to the overall problem. If they are shown to be correct then much money and effort is being used to support opinions that are not now facts. This does not imply that I am not scientifically interested in the experimental approach to disease. I personally feel that the approach to cancer of the lung is a study of cancer: what is found out with regard to all cancer will help in this complicated problem.

Probably I should apologize for this long letter, but I interpreted your recent letter as a chance to get some of these thoughts out of my system. I hope that the opinions that I have expressed are not so far afield that it would be ill advised for me to discuss them when I go to Green Bay, Wisconsin the latter part of June to give a lecture.

Thanking you again for your interest and support in our work, I am,

Yours truly,

/s/ R. H. Rigdon, M.D.
Professor of Pathology

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